## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/539710

|  |  |   |  |                               |                     |                                  | _    |            |                        |      |                     |                        |
|--|--|---|--|-------------------------------|---------------------|----------------------------------|------|------------|------------------------|------|---------------------|------------------------|
|  |  | CLAIMS A                                      | (Column 1)   |                               |                     | (Column 2)                       |      | SMALL ENT  | ΓΙΤΥ                   | OR   | OTHER<br>SMALL      |                        |
| U.S. NATIONAL STAGE FEES                                     |  |   |  |                               |                     | 1                                | RATE | FEE        | 1                      | RATE | FEE                 |                        |
| BASIC FEE  |  |   | SMALL EN   | T. = \$ 150                   | LAR                 | SE ENT. = \$ 300                 | 1    | BASIC FEE  | 150                    | OR   | BASIC FEE           | <del> </del>           |
| EXAMINATION FEE  |  |   | (4) = \$50/\$100   |                               |                     | ther situations = 100 / \$ 200   |      | EXAM. FEE  | 100                    |      | EXAM. FEE           | · · ·                  |
| SEARCH FEE   |  |   | U.S. is ISA = \$50/\$100<br>ALL other countries =<br>\$200/\$400 |                               |                     | ther situations = 5 250 / \$ 500 |      | SEARCH FEE | 200                    | •    | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS.                                     |  |   | minus 100 =  |                               |                     | / 50 =                           |      | X \$ 125 = |                        | 1    | X \$ 250 =          |                        |
| то1  | TAL CHARGEA                                    | BLE CLAIMS                                    | / 7 minus 20 = .   |                               |                     |                                  |      | X \$ 25 =  |                        | OR   | X \$ 50 =           |                        |
| IND  | EPENDENT CL                                    | AIMS  | / minus 3 = .  |                               |                     |                                  |      | X \$ 100 = |                        | OR   | X \$ 200 =          | ,                      |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PR                                 | SENT   |                               |                     |                                  |      | + \$ 180 = |                        | OR   | + \$ 360 =          |                        |
| * If   | the difference                                 | in column 1 is                                | ess than zero, enter "0" in co                                   |                               |                     | lumn 2                           | •    | TOTAL      | 450                    | OR   | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |  |   |  |                               |                     |                                  |      | SMALL E    | ENTITY                 | OR   | OTHER<br>SMALL E    |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT     |  | HIGH<br>NUM<br>PREVK<br>PAID  | BER<br>DUSLY        | PRESENT<br>EXTRA                 |      | RATE       | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  | **                            |                     | =                                |      | X \$ 25 =  |                        | OR   | X \$ 50 =           |                        |
|  | Independent                                    | *   | Minus  | ***                           |                     | = .                              |      | X \$ 100 = |                        | OR   | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |                     |                                  |      | + \$ 180 = |                        | OR   | + \$ 360 =          |                        |
| TOTAL A  |  |   |  |                               |                     |                                  |      |            |                        | OR   | TOTAL ADDIT.<br>FEE |                        |
|  |  | (Column 1)                                    |  | (Colur                        | nn 2)               | (Column 3)                       |      |            |                        |      |                     |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT     |  | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA                 |      | RATE       | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus  | **                            |                     | = '                              |      | X \$ 25 =  |                        | OR   | X \$ 50 =           |                        |
|  | Independent                                    | *   | Minus  | ***                           | -                   | =                                |      | X \$ 100 = |                        | OR   | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |                     |                                  |      | + \$ 180 = | •                      | OR   | + \$ 360 =          |                        |
| TOTAL ADDIT. FEE   |  |   |  |                               |                     |                                  |      |            |                        | OR   | TOTAL ADDIT.<br>FEE |                        |
| *  | If the entry in colu                           | umn 1 is less than th<br>umber Previously Pai | e entry in column  | 2, write "0" i                | n columi            | n 3.<br>0'. enter "20"           |      |            |                        |      |                     |                        |

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.